Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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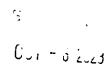
Note: DO NOT hit the RETRESH-RELOAD butten on your browser from this page. Doing so will generate another cover sheet,

lo: Division of Componations Fax Number : (850)617-6383 Account Name : 1 US CONTADOR INC Account Number : 128288888121 Phone : (778)928-1788 Fax Number : (668)772-6188 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:___ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DUCOMEXALC 0 Certificate of Status

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUCOMEX LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Comp	any were filed on 01/19/2022	and assigned		
Florida document number L22000037069				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	 			
Principal office address MUST BE A STREET ADDRESS	<u> </u>	·		
		•		
Enter new mailing address, if applicable:	48 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	· · · · · · · · · · · · · · · · · · ·		
Mailing address MAY BE A POST OFFICE BOX)		···		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	e name of the new registe		
Name of New Registered Agent:				
New Registered Office Address.	Enter Florido struet address			
	nnter (Goria) Street address			
	, Florid	da		
New Registered Agent's Signature, if changing Registered Age	*	гір Спае		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CERRADA, NICOLAS E	4855 W HILLSBORO BLVD B3	□ \\ \dd
		COCONUT CREEK, FL 33073	■Remove
			Change
AMHR URBAN CURA, CAMILA	URBAN CURA, CAMILA	4855 W HILLSBORO BLVD B3	用Add
	COCONUT CREEK, FL 33073	□Remove	
		©Change	
			□Aċd
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			□Change
	<u> </u>		
			ПРеточе
			□Change

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Effect	tive date, if other than the date of filing:
Note:	lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ment's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the Med.
	
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rd is f	OCTOBER 4th , 2023
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